

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Governor Schwarzenegger's California Recovery Team			Date of This Filing _____ 11/03/2005 _____	Date Stamp Page 1 of 2	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)768-2686	I.D. NUMBER (if applicable) 1261406		Report No. _____ 751102 _____		
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages _____ 2 _____		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED _____			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Proposition 75			
OFFICE SOUGHT OR HELD/DISTRICT NO. _____	SUPPORT	OPPOSE	BALLOT NO./LETTER 75	JURISDICTION Statewide	SUPPORT X	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/02/2005	PRT-Print Ads (voluntary disclosure of expenditures)	\$206.36
11/02/2005	CNS Campaign Consultants (voluntary disclosure of expenditures)	\$3,338.00
11/02/2005	TRS Staff/Spouse Travel; Lodging and Meals (voluntary disclosure of expenditures)	\$1,862.04
11/02/2005	MTG Meetings & Appearances (voluntary disclosure of expenditures)	\$750.00

Reason for Amendment:

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NAME OF FILER

I.D. NUMBER (If applicable)

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772